



Special Needs Scouting Survey

Westchester-Putnam Council, BSA

www.wpcbsa.org/SNScouting

SNScouting@wpcbsa.net



Since its founding in 1910, the Boy Scouts of America has had fully participating members with physical, mental, and emotional disabilities. Scouting gives youth with disabilities and special needs the opportunity to participate with other youth. The Boy Scouts of America encourages the inclusion of Scouts with disabilities and special needs in all units.

The purpose of this survey is to better understand both how our units are engaging boys with special needs as well as the extent, demographics, and population of the special needs youth in the Westchester-Putnam Council.

It has been estimated that up to 18,000 special needs individuals live in Westchester County alone. This information will help us better serve our special needs scouts at the Council level, and provide our leaders with improved resources and training to better serve our youth.

Please complete the survey to the best of your ability and return to SNScouting@wpcbsa.net

(Please write legibly!)

Date: _____

Unit #/ Town: _____

District: _____

Registered Scouts in Unit: _____

Scouts with Special Needs: _____

Your Name: _____

Phone #: _____

Your Position: _____

Email: _____

UNIT ENGAGEMENT:

Do you have a process for identifying scouts with special needs? Y / N

Do you engage parents at the time of intake and ask about allergies, medications, and IEPs? Y / N

Do you review scouts' medical forms? Y / N

Do you have an adult in your unit trained as a liaison to the Spl Needs Scouting Committee? Y / N

Do you believe you would be able to identify a scout with special needs? Y / N

Do you make accommodations in your program for scouts with special needs? Y / N

SPECIAL NEEDS DEMOGRAPHICS:

#Scouts

Developmental Disabilities

- ___ Autism Spectrum
- ___ ADHD
- ___ Down Syndrome
- ___ Learning Disabilities
- ___ Speech Impairments

Emotional Disabilities

- ___ Depression
- ___ Emotional Disabilities
- ___ Obsessive Compulsive Disorder
- ___ Panic or Anxiety Disorder
- ___ Post Traumatic Stress Disorder

Other Disabilities

- ___ Please specify: _____
- ___ Please specify: _____

#Scouts

Physical/Neurological Disabilities

- ___ Asthma
- ___ Brain or Spinal Chord Injury / Paralysis
- ___ Cerebral Palsy
- ___ Cystic Fibrosis
- ___ Epilepsy
- ___ Hearing Impairments
- ___ Heart Condition
- ___ Hemophilia
- ___ Multiple Sclerosis
- ___ Muscular Dystrophy
- ___ Physical Abnormality
- ___ Spina Bifida
- ___ Tourette's Syndrome
- ___ Visual Impairments

Dietary Issues

- ___ Diabetes
- ___ Food Allergies

___ Number of your scouts that have Individualized Education Plan (IEP) or 504 Plan at school.

___ Number of your special needs scouts who have earned Arrow of Light/ Eagle Scout/ Summit Award.